

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY COBRA PREMIUM RATES
EFFECTIVE JULY 1, 2009
RETIREE PLANS

Benefit Plan	Type of Enrollment	Total COBRA Premium
MEDICAL PLANS - MEDICARE		
<i>Effective 7/1/09 (Month-to-Month)</i>		
EUTF PPO Medicare (HMA)	Self	\$154.82
	Two-Party	\$301.82
	Family	\$447.41
EUTF PPO Medicare (HMSA)	Self	\$161.55
	Two-Party	\$314.89
	Family	\$466.81
Medicare Prescription Drug (NMHC)	Self	\$183.56
	Two-Party	\$357.53
	Family	\$530.07
Kaiser Medicare HMO Prescription Drug	Self	\$256.06
	Two-Party	\$499.74
	Family	\$740.48
MEDICAL PLANS - NON MEDICARE		
<i>Effective 7/1/09 (Month-to-Month)</i>		
EUTF PPO Non Medicare (HMA)	Self	\$321.06
	Two-Party	\$625.63
	Family	\$927.51
EUTF PPO Non Medicare (HMSA)	Self	\$331.36
	Two-Party	\$645.70
	Family	\$957.25
Non Medicare Prescription Drug (NMHC)	Self	\$143.21
	Two-Party	\$278.99
	Family	\$413.61
Kaiser Non Medicare HMO Prescription Drug	Self	\$505.84
	Two-Party	\$986.77
	Family	\$1,462.31
DENTAL PLAN		
<i>Rates through 12/31/09</i>		
HDS Dental	Self	\$30.78
	Two-Party	\$60.16
	Family	\$73.66
VISION PLAN		
<i>Rates through 12/31/09</i>		
VSP Vision	Self	\$4.51
	Two-Party	\$9.02
	Family	\$12.12